Supplementary Item 2: Example of a local trauma team activation policy (Reference: UCLH Trauma Operational Policy, January 2019)

NORTH EAST LONDON & ESSEX TRAUMA NETWORK

University College London Hospitals NHS



NHS Foundation Trust





Mechanism

Fall more than twice the child's height

RTC passenger >30mph

RTC ejection from vehicle

RTC death of other passenger in RTC

RTC rollover or significant vehicle deformation

RTC pedestrian or cyclist vs. vehicle

Bicycle injury resulting in groin / abdominal

Fall from or trampled by large animal

Entrapment >30mins

Gunshot wound

Major crush injury

Blast injury

HEMS call

Physiology

History of trauma and any one of:

Intubated patient

Respiratory rate outside the range given in the table to the right

Heart rate outside the range given in the table to the right

Reduced conscious level (GCS <14 or less than A on AVPU) and/or significant confusion or agitation

Limb paralysis, paraplegia or quadriplegia

Injury pattern

Potential airway injury

Significant chest injury

Major haemorrhage

Burns >20% BSA (Burns >15% BSA in children younger than 1 year)

Facial burns or circumferential burns

Penetrating injury to head, neck, or torso

Penetrating injury to arm proximal to elbow

Penetrating injury to leg proximal to knee

Amputation or open fracture proximal to wrist Amputation or open fracture proximal to ankle

Suspected pelvic fracture

2 or more suspected long bone fractures

CHILDREN'S NORMAL VITAL SIGNS

Age (years)	Resp. rate (min ⁻¹)	Pulse rate (min ⁻¹)
<1	30 - 40	110 - 160
1-2	25 - 30	100 - 150
2-5	25 - 30	95 - 140
5-11	20 – 25	80 - 120
> 12	12 - 20	60 - 100

il patients and change the EPR presenting complain to TRAUMA CALL. Leave a copy of the completed



BEWARE

SEEK SENIOR HELP EARLY TRAUMA CALL

SAFEGUARDING